10/661283

									Application or Docket Number					
	PATENT A	PPLICATIO Effect		106	6	128	² 3							
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN		
(Column 1) (Column 2)							1	TYPE [OR	SMALL	ENTITY		
TOTAL CLAIMS			60		in the state of th			RATE	FEE] [RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			60 minus 20=		· 40			X\$ 9=	3600	OFE	X\$18=			
INDEPENDENT CLAIMS			2 minus 3 =		0			X42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL	731.	OR	TOTAL			
CLAIMS AS AMENDED - PART II									- الماسيداريا		OTHER	THAN		
(Column 1)			(Colum			(Column 3) SM		SMALL	ENTITY	OR	SMALL	ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	• 55	Minus	= la)	=		X\$ 9=		OR	X\$18=			
AME	Independent	* 2	Minus	***	<u>り</u>	I= Y		X42=		OR	X84≈			
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDEN	CLAIM		1	+140=		OR	+280=			
	·		•					TOTA			TOTAL			
			ADDIT. FEI	<u> </u>]	addit. Fee	<u> </u>							
6		(Column 1) CLAIMS		(Colui HiGi	EST	(Column 3)	1 1		ADDI-	1 1		ADDI-		
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT	Total	*	Minus	**		æ		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X42=		OR	X84=			
匚	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		J		 	1				
	`							+140=		OR	+280=			
								TOTA ADDIT. FEI		OR	TOTAL ADDIT. FEE			
<u> </u>														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ğ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
NÉ	Independent	•	Minus	***		=	1 l	X42=	 	1	X84≈	 		
E	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM]	A42=	 	OR	∧84≈	} -		
									1	OR	+280=			
-	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE													
		mber Previously Pa hber Previously Pa								_				